

State of California Department of Insurance Admitted Company

Data Extract Order Form

Form LIC.DE 1 (Rev 02/2001)

Customer Name:

Producer Licensing Bureau

P.O. Box 1139

Customer Company:

Sacramento, CA 95812-1139

Information (800) 967-9331 or (916) 322-3555

Internet Address:

Order Date:

Express Delivery PO# & Carrier Name:

Telephone Number#:

Postal Delivery Address:

SELECTION: Please Check only one sort order per company type.

Company Type	Sort Order – Alphabetical	Sort Order – Zip Code*	Price
All Admitted Companies			\$75.00
Automobile Companies Only			\$75.00
Workers' Compensation Companies Only			\$75.00
Life Companies Only			\$75.00
Fire & Casualty Companies Only			\$75.00
TOTAL ORDER AMOUNT			\$
SALES TAX**			\$
TOTAL DUE TO: California Department of Insurance			\$

***Alpha will sort the data by company name**

***ZIP will sort the data by zip codes**

**** California residents must add local sales tax. Send this completed form with your check to Attn: Kenneth Brown, California Department of Insurance, 320 Capitol Mall, Sacramento, CA 95814. For additional information request, call 916-492-3063.**